

The Commonwealth of Massachusetts
Department of Public Safety
State Boxing Commission

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200

Fax (617) 727-5732

IMPORTANT INSTRUCTIONS FOR COMPLETING LICENSE APPLICATIONS

Thank you for requesting application (s) for the position (s) checked below. Next to each position is its license fee.

<u>LICENSE FEES</u>		
<input type="checkbox"/>	BOXER	\$ 20.00
<input type="checkbox"/>	JUDGE	\$ 50.00
<input type="checkbox"/>	KICKBOXER	\$ 20.00
<input type="checkbox"/>	MANAGER	\$ 30.00
<input type="checkbox"/>	MATCHMAKER	\$ 50.00
<input type="checkbox"/>	PHYSICIAN	\$ 50.00
<input type="checkbox"/>	PROMOTER	\$ 150.00
<input type="checkbox"/>	REFEREE	\$ 50.00
<input checked="" type="checkbox"/>	SECOND	\$ 30.00
<input type="checkbox"/>	TIMEKEEPER	\$ 30.00
<input type="checkbox"/>	TRAINER	\$ 30.00

Please make the check payable to the "**COMMONWEALTH OF MASSACHUSETTS**" for the fee, and mail it to:

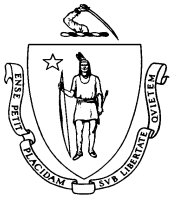
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- 1. PLEASE FILL OUT THE APPLICATION COMPLETELY. IF THE APPLICATION IS NOT FILLED OUT COMPLETELY, IT WILL BE RETURNED TO YOU.**
- 2. PRINT CLEARLY AND LEGIBLE WITH A BALL POINT PEN. NO PENCILS.**

THE FOLLOWING MUST ACCOMPANY YOUR APPLICATION:

- ☒ Two color photographs of the applicant, **1-1 ½ inch square in size.**
- ☒ Copy of birth certificate.
- ☒ 2 Photo Identification cards with signature (for example: drivers license and a passport).
- ☒ \$30 application fee

NOTE: IF YOUR APPLICATION IS INCOMPLETE OR ILLEGIBLE, WE WILL RETURN IT TO YOU ALONG WITH YOUR CHECK. WE WILL NEED ANOTHER APPLICATION FOR YOU TO PROPERLY COMPLETE IN ORDER FOR YOU TO APPLY OR RENEW YOUR LICENSE. IF YOU FAIL TO SEND IN THE TWO COLOR PHOTOGRAPHS YOU WILL NOT RECEIVE YOUR LICENSE. I UNDERSTAND AND AGREE TO THE ABOVE.



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FOR ADMINISTRATIVE USE ONLY!
DO NOT WRITE IN THIS AREA!

This license was granted:

Date: _____

Expires: _____

License No: _____

APPLICATION FOR LICENSE AS A SECOND

IN ACCORDANCE WITH THE PROVISIONS OF G.L. CHAPTER 147 AND RULES AND REGULATIONS OF THE STATE BOXING COMMISSION

(Please Print With Ball Point Pen)

Name _____			
Address _____		Telephone No. () _____	
City _____	State _____	Zip _____	Country _____
Social Security #: _____			

DATE OF BIRTH: Month ____ Day ____ Yr. ____ PLACE OF BIRTH: City _____ State _____ Country _____

HEIGHT: _____ ft. _____ in. WEIGHT: _____ lbs. COLOR EYES _____ HAIR _____

OCCUPATION _____ EMPLOYER _____

EMPLOYER ADDRESS _____ TELEPHONE NO. () _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

Have you ever held a Second's license in Massachusetts YES NO

Have you ever been a licensed Second in other States? YES NO

Which? _____

Describe your experiences in Boxing that would support your being granted a license. (Continue on a separate sheet if needed.)

Have you ever been convicted of a crime in the past ten (10) years? YES NO If YES, please provide details:

Date	Offense	Court	Disposition
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_____	_____	_____	_____
_____	_____	_____	_____

I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge. Further, I certify that I have filed all required tax returns and paid all state taxes as required by law.

Signature of applicant

Date